

## - The MONTH with the EDITOR -

Notes, reflections, comment upon medical and health news in both the scientific and public press, briefs of sorts from here, there and everywhere.

We are delighted to see by the papers that the movement to replace the useless and depressing influence of "long lines of white beds, unbroken ugly walls, and the disagreeable odors of the traditional hospital ward," with more attractive, restful and comfortable allocation of space for institutional victims, has been taken up by the army.

If other government "hospitals" will only add their influence, this inexpensive addition to the welfare of the sick, injured and shut-ins, soon may be what it should have been for many years.

It doesn't cost any more to accord the sick in hospitals the ordinary privacy and common decencies demanded by healthy people than it does to serve them a la stockyard fashion.

The full-fledged physician and surgeon of today in America and Europe must of necessity be a most extraordinary person. One wonders that the human brain can contain all that the doctor of the present day must know.

If we were asked to say which class of men in the world we consider most useful—which class of men have blessed humanity to the greatest extent, excepting the ministers of religion—we would unhesitatingly name the doctors.—John S. McGroarty, Los Angeles Times.

"Dr. Mariana Bertola, president California Federation of Women's Clubs, prefers to rely upon public sentiment rather than upon legislation in caring for 'California's most important crop'—her children. What is grandmotherly legislation for adults is apt to be stepmotherly for children."—This editorial from some newspaper was sent in by an unknown correspondent.

The Women's Clubs will add a bright star to their diadem when they succeed in having established a decently clean, well-conducted children's department for the little ones of indigent parents, in every county hospital in California.

It is a big job, and an important job. Of the some forty such hospitals not over a half-dozen now have such space and corresponding service.

Recently the Chicago daily papers carried Associated Press dispatches showing that some of the ringleaders in the Hoxide Cancer Cure at Taylorville had been arrested for fakery and fraudulent transactions in connection with the exploitation of the cure. It is reported that even the United States Government has taken a hand in the matter by entering prosecution for using the mails to defraud. Thus another quackery bubble is burst, but there will be more to take its place, for a sucker is born every minute, and as long as there are victims for the faker there also will be fakers to prey upon them.—J. Indiana M. A.

There is something to think about in a report of the census bureau to the effect that inmates of mental disease hospitals have increased nearly 300 per cent in forty years.

At the present rate only citizens on "parole" will be at liberty in a few generations.

Recent studies in the causes of mental deficiency

seem to indicate the utter futility of sterilization or education as preventives.

However, mental defectives above the zero of intelligence can learn something, often enough to escape dependency, and that something they should have.

"What Price Syphilis," is a favorite topic for writers these days, and well it may be. Syphilis is, and for ages has been, the greatest morbidity-producing disease affecting mankind.

The statements of long since dead masters, to the effect that he who knows syphilis knows medicine, and that control of the disease will eliminate the greatest of all scourges, are still true today.

What are we doing about it? Not much. What can we do about it? Quien sabe.

Smallpox, rabies, diphtheria, typhoid, are surely, easily and inexpensively preventable. All people who read even newspapers know this, and yet these dreadful pests continue to take their toll among even intelligent people. Whatever the answer may be, it no longer may be lack of information.

If health education fails in simples, can it promise more in the expensive or less well-understood phases of disease limitation?

There is a lesson to be learned from the distressingly low birth rate among women gainfully employed. There were 8,500,000 women gainfully employed in 1920, of whom two million plus were married. The number doubled in the thirty years from 1890 to 1920.

If the current rate of fall in births continues, we will be compelled to substitute Birth Booster Leagues for Birth Control Leagues.

Ever since Sir Walter Raleigh's servant threw a bucket of water on him when he was enveloped in a cloud of tobacco smoke the controversy concerning the effects of tobacco has existed. Moreover, judging from the progress which has been made toward a solution, it will continue to exist for some time to come.—International Medical Digest.

It is here laid down as a postulate that a doctor appears in the lay prints in direct ratio as he seeks such advertising, and inversely as he discourages it.—South. M. and S.

The era of unrest has invaded the field of medicine. Everyone seems to be looking for trouble. No one can rest easy unless she has had a "thorough examination." The phrase "periodic health examination" is crowding out the old phrases, "psychoanalysis" and "inferiority complex." School teachers, who begrudge \$3 for a doctor's midnight call to determine whether their abdominal pain means too much ice cream or a rupturing appendix, are falling over themselves to pay \$20 to have their "lives extended." There is confusion in it all. Many of the examinees feel that the examination itself will extend their lives, and the longer the examination the longer the life.—Donald S. King, Boston M. and S. J.

It is usually a doctor's reputation that makes him great, and it isn't what he knows, but what he can make others think he knows that gets him his reputation.—J. Kansas M. Soc.

**Angina Pectoris and Pseudo-Angina**—The material for this study was summarized by Eugene S. Kilgore, San Francisco (Journal A. M. A.), from the records of 253 patients complaining of pain in the region of the heart or, in two instances, pain elsewhere which was thought to be related to the heart or the aorta (stinging effort pain in both wrists with syphilitic heart and aorta, and viselike effort pain in the back in a case of hypertension angina). Pain obviously due to pleurisy, herpes, etc., is not included. Most of the cases were readily classifiable into three main types: (1) lancinating, (2) dull, and (3) compression pain. Lancinating pain greatly predominated (136 cases), and with few exceptions was in the precordial region; dull pain comes next in frequency (114 cases) and was also mostly precordial, but not infrequently substernal; and compression pain, while distinctly less frequent in general (forty-five cases), predominated in the central chest location, and was about equally common in the precordia. Of the total number of cases (253) the circulation was normal in 100. There were thirty-six cases of angina pectoris among the 153 cases of circulatory disease. The small angina group was conspicuous for its paucity of lancinating pain. Only one of the four instances was unassociated with other types of pain. On the other hand, the angina group nearly monopolized the compression pain, especially under the sternum where seventeen were angina, three other types of circulatory disease, and three "normals." Lancinating pain was about equal in frequency in the "normal" and general pathologic groups; but when the group sizes are considered it was relatively more common among "normals": 66 per cent of "normals" and 44 per cent of the general circulatory disease group. Dull pain occurred in 42 per cent of the "normals," 53 per cent of the general circulatory disease group other than angina, and in 28 per cent of the angina cases; but, whereas the location of this pain in the angina group was nearly equally divided between sternum and precordia, the others show a strong predilection for the precordia. From these descriptions of pain types and their locations, it appears that in a given case, when the question of angina is raised, the quality, timing and topography of the pain often furnish strong presumptive evidence. Other important data to be derived from histories relate to pain radiation, exciting causes, means of relief, etc. Among fifty-three instances of radiation in the whole disease group lancinating pain at the point of initiation occurred fifteen times; dull pain, seventeen times, and compression pain, twenty-one times. All but one of the thirty-six angina patients recalled definite and usually constant and immediate relation of physical effort to the onset of pain (two instances of lancinating pain; seven, dull; twenty-six compression); six of them also recognized mental excitement as an immediate cause of pain (two, dull; four, compression pain); and twenty-three were conscious of being more susceptible after meals (four, dull; nineteen, compression). Only one thought that his pain (dull) was more likely to occur some time after completion of effort. The figures in this analysis suggest that possibly dull pain is less commonly a sequel of effort in the non-angina pathologic group than among "normals"; that mental excitement is more often followed by all types of pain in the general pathologic group, and that these "normals" are more prone than others to experience delayed association between effort and dull or lancinating pain. During attacks of angina it is quite common for the patient to feel "as if the wind is cut off" by the constricting sensation of the pain, or he may breathe naturally or may expand the chest in an effort to relieve the pain. On the other hand, patients in the other groups, when they describe any respiratory relations to the pain, usually say they hold the breath for fear of increasing the pain. Palpitation in the sense of consciousness of heart action independent of exercise or excitement, extrasystoles, and the like, was noted in 25 per cent of the angina cases, 51 per cent of the remaining pathologic group, and 53 per cent of the "normals." Cutaneous hyperesthesia or hyperalgesia was noted at times in all groups, but most cases were seen some time after attacks. Means of pain relief were the usual ones in the angina group (cessation of effort, nitrites); in the others, general regulation of rest and exercise, psychotherapy and bromides.

## MEDICAL ECONOMICS AND PUBLIC HEALTH

With a letter commending our editorial (September issue) on the hospital crisis in England, Dr. Truman O. Boyd, chief of staff, St. Mary's Long Beach Hospital, supplies a copy of a recent address, from which we extract:

"Shall we, the public, take over the entire hospital system, operate it as another feature of government and support it by perpetual taxation, or will we encourage the hospital development on a competitive business basis? This is a serious question confronting us today.

"Already our supposedly strictly charitable institutions are receiving patients on a part-pay basis, many of whom are amply able to pay for the best of care. Placing the private enterprise in direct competition with a public institution whose deficiencies are met by taxation and taxing a private enterprise to support its competitor—what could be more absurd?

"To my mind there can be but one answer if we hope to keep off the rocks and that is, to encourage the hospitals on a competitive business basis and support them with such private endowment as they are able to command by the character of the work done.

"And such charity as is extended should be extended through these institutions, whether of public or private nature, in proportion to the needs of the individual.

"There is no escaping this issue. If we are to tax ourselves for an occasional hospital and its support, or continue to receive pay patients at our public charity institutions in competition with private business, we will ultimately destroy a private business which is well established and invite for ourselves inevitable disaster in a perpetual burdensome taxation.

"If pay or part-pay hospitals are to be built or supported in whole or in part by public taxation in order to reduce the cost of hospitalization, then why would it not be good charitable public business to support drug stores, groceries, dry goods, etc., by taxation, all of which supply necessities for the sick?

"The fact is that in our desire to be charitable we cease to be practical.

"There is not too much charity; there is too much misdirected charity. The best way to help the individual poor or the poor as a class, is to help them to help themselves.

"There is no other form of charity so laudable as charity extended to the destitute sick. No other appeal for financial assistance receives such ready response.

"These facts are well known and taken advantage of in soliciting aid for various organizations working under different titles of social welfare, numerous and confusing, some of which perform a very useful function and some of which do little more than furnish salaries for a staff that delight to bask in the limelight.

"It is to the semi-endowed charitable institution that we are indebted for the present state of development of hospitals.

"They are competitive organizations and through these institutions public charity hospitalization should be extended in proportion to the individual needs, because it is a well-demonstrated fact that it can be done with greater justice to the individual and at far less cost to the public."

In discussing the family physician's place in the inspection of school children (J. A. M. A., September 18), Dr. Mary Evelyn Bryden asks the interesting question, "Why should a physician be expected to move his workshop to a lay workshop and there, either for pay or without pay, either with poor equipment or with none, be expected to prostitute a scientific knowledge and ability to an efficient, unscientific, hasty, incorrect procedure called 'medical' only because it is performed by a licensed physician? Every physician knows that the so-called medical examination as performed in the average school room is a delusion and a folly. It is not an examination. It is a